



**DEPARTMENT OF BUSINESS LICENSE  
APPLICATION / PERMIT  
LIQUOR CATERER EVENT**

LIQUOR CATERER \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_  
BUSINESS NAME: \_\_\_\_\_ LIQUOR LICENSE #: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ DATE(S) OF EVENT: From: \_\_\_\_\_ To: \_\_\_\_\_  
HOURS: From: \_\_\_\_\_ To: \_\_\_\_\_ ESTIMATED ATTENDANCE: \_\_\_\_\_  
EVENT SPONSOR: \_\_\_\_\_  
LOCATION/ADDRESS OF EVENT: \_\_\_\_\_  
DESCRIPTION OF EVENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIQUOR CATERER SUPERVISOR AT EVENT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

TYPE OF PERMIT REQUESTED: ☐ BEER ☐ BEER & WINE ☐ FULL LIQUOR

**FEES ARE \$10.00 PER DAY PER LIQUOR SERVICE LOCATION.**

NUMBER OF LIQUOR SERVICE LOCATIONS TO BE OPERATED: \_\_\_\_\_

LIST ALL EMPLOYEES SERVING OR SUPERVISING ALCOHOL DISTRIBUTION		
NAME	WORK CARD # AND EXP DATE	ALCOHOL AWARENESS TRAINING EXP DATE

APPLICANT'S PRINTED NAME/TITLE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

PARKS AND RECREATION: APPROVE / DISAPPROVE APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

BUSINESS LICENSE: APPROVE / DISAPPROVE DATE: \_\_\_\_\_ FEE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ COMMENTS: \_\_\_\_\_  
\_\_\_\_\_